

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?: Paper

Computer Readable Form (CRF)?:: NO

Number of copies of CRF::

Title:: MITOCHONDRIAL DOSIMETER

Attorney Docket Number:: 001107.00357

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 8

Small Entity?: YES

Latin name::

Variety denomination name::

Petition included?: NO

Petition Type::

Licensed US Govt. Agency:: National Institutes of Health

Contract or Grant Numbers:: CA43460

Secrecy Order in Parent Appl.?: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Makiko  
Middle Name::  
Family Name:: Fliss  
Name Suffix::  
City of Residence:: Columbia  
State or Province of Residence:: MD  
Country of Residence::  
Street of mailing address:: 6491 Lacelike Row  
City of mailing address:: Columbia  
State or Province of mailing address:: MD  
Country of mailing address::  
Postal or Zip Code of mailing address:: 21045

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: David  
Middle Name::  
Family Name:: Sidransky  
Name Suffix::  
City of Residence:: Baltimore  
State or Province of Residence:: MD  
Country of Residence::  
Street of mailing address:: 3007 Northbrook Road  
City of mailing address:: Baltimore  
State or Province of mailing address:: MD

Country of mailing address::

Postal or Zip Code of mailing address:: 21209

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United States

Status:: Full Capacity

Given Name:: Jin

Middle Name::

Family Name:: Jen

Name Suffix::

City of Residence:: Brookville

State or Province of Residence:: MD

Country of Residence::

Street of mailing address:: 2412 St. George Way

City of mailing address:: Brookville

State or Province of mailing address:: MD

Country of mailing address::

Postal or Zip Code of mailing address:: 20833

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Hungarian

Status:: Full Capacity

Given Name:: Kornelia

Middle Name::

Family Name:: Polyak

Name Suffix::

City of Residence:: Brookline

State or Province of Residence:: MA

Country of Residence::

Street of mailing address:: 1856 Beacon St., #6F

City of mailing address:: Brookline  
State or Province of mailing address:: MA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 02445

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Bert  
Middle Name::  
Family Name:: Vogelstein  
Name Suffix::  
City of Residence:: Baltimore  
State or Province of Residence:: MD  
Country of Residence::  
Street of mailing address:: 3700 Breton Way  
City of mailing address:: Baltimore  
State or Province of mailing address:: MD  
Country of mailing address::  
Postal or Zip Code of mailing address:: 21208

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Kenneth  
Middle Name:: W.  
Family Name:: Kinzler  
Name Suffix::  
City of Residence:: BelAir  
State or Province of Residence:: MD

Country of Residence::  
 Street of mailing address:: 1403 Halkirk Way  
 City of mailing address:: BelAir  
 State or Province of mailing address:: MD  
 Country of mailing address::  
 Postal or Zip Code of mailing address:: 21015

### **Correspondence Information**

Correspondence Customer Number:: 22907

### **Representative Information**

Representative Customer Number:: 22907

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/525,906	03/15/00
09/525,906	Continuation-in-Part of	09/377,856	08/20/99
09/377,856	Non-Provisional of	60/097,307	08/20/98

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee name:: Johns Hopkins University  
 Street of mailing address:: 720 Rutland Avenue

City of mailing address:: Baltimore

State or Province of mailing address:: MD

Country of mailing address::

Postal or Zip Code of mailing address:: 21205